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MEDICAL FACULTY

THE
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A Monthly Journal for the Nursing Profession in Canada

VOL. XV. VANCOUVER, B.C., MAY, 1919 No. 5

OFFICERS OF THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES, 1918-1919

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Tuberculosis Problems of To-Day

DOCTRINES, CONDITIONS AND NEEDS

An Address to the Anti-Tuberculosis Society, of Winnipeg, by

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Medical Superintendent Manitoba Sanatorium, Ninette

Since the Women's Tuberculosis Society was organized, away back about 1909 or 1910, much water has run under the bridges. The world has become, for better or for worse, a new world. Old things have passed away, and all things have become, or are becoming, new.

In the new learning that has come, and is coming, out of the university of a world at war, there is much about disease and its ways among men. An old volume was closed in August, 1914, and a new one opened; and in that new one there are chapters about tuberculosis which could not have been written in that very old, very far away, time before the war.

Tuberculosis is an old disease—as old as organized human society, as old as houses and villages; but our grandfathers knew little more of it than Hippocrates, who lived before Christ. Our fathers had a clearer light; and we trust that, in our time, the sun has really topped the horizon, beginning a new day. The real burst of new light came with the discovery of the bacillus of tuberculosis by Koch in 1882. From

that time knowledge has grown, not only year by year, but even day by day.

About the time this Society was formed, new light, new interest and a new enthusiasm had come to many of us. The enthusiasm may have waned and waxed since that time, but the gathering of to-day shows a still considerable interest in the problems surrounding tuberculosis. The light in which these problems can be viewed is, we think, clearer and steadier than it was. In this clearer light it may be well to state again our doctrines with regard to tuberculosis, to examine the changed conditions which prevail, and enquire into the needs which confront us in this the first year of peace and reconstruction after a world war. We will not find that what we took for truth was really falsehood; but will find, rather, that the emphasis has shifted, and that we will lay our stresses differently.

In the first place, doctrines. One which was out of date even ten years ago, but which dies hard, is the doctrine that tuberculosis is largely a matter of heredity. It is true that, if a fortunate child could be consulted in the choice of his parents, as Maeterlinck suggests in his latest play, he should choose the perfectly healthy rather than the somewhat tuberculous. He would be apt to get a better physical backing from a healthy than from an unhealthy parentage. At the same time, even though born of parents who are affected by tuberculosis, he is almost certain to be born free from actual disease. He may have a physical handicap, but we believe he has not got tuberculosis. If, later, he acquires the disease (and he has special opportunities for so doing), it is from contact, after birth, with tuberculous persons, parents or others. The boast that "tuberculosis has never been in our family" is good as far as it goes, and is in favor of a rugged ancestry, but gives no guarantee that tuberculosis may not appear in any family. On the other hand, a family history of tuberculosis, while it may mean an inferior physical backing, is no decree of fate, and the family record may be improved and even reversed by study and care. Where many in a family have developed tuberculosis, heredity is by no means proven. A common parentage is just one of many factors common to the members of one family.

More and more we think of tuberculosis as a universal disease; universal not only in the sense that it is found in all countries, among all classes, and under all conditions, but universal in a wider sense, in that it becomes implanted at some time and to some degree in practically every individual. Childhood is the usual time of implantation, the seed time; adult life is usually the time of breakdown, the harvest. At the age of leaving school there are possibly few children who have entirely escaped infection and latent disease. Seven out of ten thus infected likely pass through life without any illness due to the tubercle bacillus; two may have more or less trouble and overcome it successfully, and one may not overcome it. That is, out of ten who have early infection which leaves latent tuberculosis, three may later have the

disease tuberculosis, and one may die of it. When we hear of one who has developed active tuberculous disease, we don't ask, "Where did he catch it?" but we do ask, "How was his resistance lowered so that the disease 'got' him?" It is not infection, but lowered resistance and breakdown that sets the date for the onset of disease in adult life.

Some Manitoba farms have many noxious weeds, and some very few. As a rule, a good farmer has a clean farm, and a careless farmer a weedy farm. Weeds always impair crop and sometimes utterly destroy it. A good clean farm, if neglected for one season only, left untilled and unsown, grows up a mass of weeds. Where did these weeds come from? Were they sown by the hand of an enemy? Were they blown over from the surrounding lands? No; they were in the soil already, seeded there, rooted there, waiting only an opportunity to grow, and that opportunity the careless farmer gave them. The weeds were not planted during the year of neglect; they were latent in the soil, ready to find their opportunity in any year or any month of neglect. There is not a quarter section of cropped land in the whole of Manitoba which has not latent seeds enough and roots enough of noxious weeds to grow a veritable jungle of weeds if the farm be neglected.

Tuberculosis is a human noxious weed lying latent in practically all human soils, finding its opportunity for growth in some bit of bad human husbandry, some over-strain, some over-fatigue, some dissipation, some neglect, some lowering of vitality through illness. When one presents himself with signs of tuberculosis, we do not trouble to inquire about infection. We inquire as to the particular kind of bad farming, the particular cause of breakdown.

What our beliefs are is a matter of great consequence, for according to our beliefs our acts will be. If one believes that sow thistle or tumbling mustard is destined, in spite of all efforts, to destroy a certain crop; or that tuberculosis, having been in the family in a past generation, is inevitable in this generation, as the family ghost or the family features, there is not much to do about it. Kismet—it is decreed.

If one believes his own farming faultless, but that all weeds come from his neighbors; or that he alone is free from tuberculous infection and all other people are a menace to him, he is going to be a very uncomfortable person, and a very irritating and unfriendly neighbor. One of the most uncomfortable phobias is the unreasoning and unreasonable fear of becoming infected by tuberculosis.

But when one believes that tuberculosis is an almost universal *infection,* an almost universal latent *condition,* though by no means a universal *disease;* that the latent condition becomes disease, not by accident, but by living and working under improper conditions, or in improper ways; then any anxiety we may have about keeping ourselves, or our families, our kinsfolk and acquaintance, our community, our country from the devastations of tuberculosis will take the practical and useful form of improving home, shop and community conditions and personal and community habits, in order to lessen the ravages of tuber-

culosis. Rightly considered, tuberculosis is more a social than a medical problem; less a disorder of the individual than a disorder of the community. Born into the world free of it, the child acquires it without his knowledge or ability to prevent. Its activity or inactivity, as the child unfolds into the adult, will depend upon such things as his tonsils and adenoids, his mouth breathing or nose breathing, the ventilation of his home and shop, the size of his house, his degree of intelligence, his education, his personal hygienic habits, and the hygienic or unhygienic habits of those with whom he is associated. It will depend upon his work, and possibly still more upon his play, upon his hours of work, his hours of rest, his holidays, his recreations, upon the burdens he carries. It will depend upon the epidemics which visit his community, upon clean or dirty streets, well- or ill-regulated public places, on milk supply and food regulations, upon costs of necessaries of life, upon war or peace, on marrying and giving in marriage; indeed, on all conditions—hygienic, social, personal and financial—which enter into his life.

The death rate from tuberculosis in England rises and falls with the price of bread, a staple article of diet. The death rate from tuberculosis in families living in one or two rooms is twice as high as in families living in five and six rooms. The city of Liverpool cleaned out a bad tenement district many years ago to stamp out typhus fever, and found that, in the better houses which replaced those destroyed, the death rate from tuberculosis had lessened as well. The water carriage of sewage, and every sanitary reform, every improvement in living conditions has had a definite influence on the tuberculosis death rate. In Manitoba, the settlements in which tuberculosis is most prevalent are those in which living standards are lowest, where ignorance is general, houses small, sanitary conditions bad, overcrowding common, work hard, the average of wealth low; old settlements of ignorant and unmodern type; foreign un-Canadian settlements, out of touch with modern movements; pioneer settlements, in which there is more or less privation. Such settlements in Manitoba have a death rate—as shown by an investigation made a few years ago—six times the Manitoba average. On the other hand, prosperous settlements, where houses are good, circumstances easy, people intelligent and modern-minded, sanitary conditions good, crops good, mortgages few—some such settlements were found to have a death rate one-sixth the average provincial rate. If statistics were absolutely reliable (as they are not), one might say that the worst settlements in Manitoba have a death rate from tuberculosis thirty-six times as great as the best settlements.

The medical history of a broken leg may be given in a short paragraph. The medical history of the onset of typhoid fever may be given almost as easily—a healthy person ate or drank infected material and became ill. But the medical history of a breakdown from tuberculosis, to be complete, involves a study of almost all that a man has ever done or has ever been subjected to. It is, in the words of Ulysses, "A part

of all that he has met." Tuberculosis is not a patch on the fabric of life—it is woven into the warp and woof of life.

The doctrine to which we adhere firmly, that all of us have at least the makings of tuberculosis, and that wrong living makes latent disease active and possible disease real, is one which leads to a direct and definite interest in all aspects of personal, family and community life. An interest in tuberculosis, it follows, so far from being a narrow one, can be one of the widest. The fact that tuberculosis develops out of social conditions, even more definitely than out of physical conditions, makes the campaign a very broad one—connects it up with every movement for the betterment of living conditions. To one who thinks tuberculosis, nothing in a community is without relevance or interest. It follows also that the best campaign against tuberculosis is not necessarily a direct campaign. Preaching the badness of sin and the fear of hell-fire is not considered as good a way of soundly converting people as the preaching of the beauties of goodness. More anti-tuberculosis work may be accomplished by helping on a good housing movement, or teaching the use of the toothbrush to children, or finding adenoid growths and having them removed, or ringing a Curfew Bell to get children to bed, or voting against any daylight-saving which keeps them out of bed, or setting a fashion against over-elaborate housekeeping; more, possibly, may be done in such ways than by lurid lectures about the tubercle bacillus and all its badness. Indirect illumination is the best. Frontal attacks are not always effectual. The victory over tuberculosis may be won by advances on other fronts.

What Are Present Conditions with Regard to Tuberculosis?

There can be no doubt that the general public is much more interested than it was ten years ago, and possibly even better informed, though it would be difficult to suggest any subject of popular discussion about which there is as much general misinformation. Unfortunately deep interest sometimes goes with the greatest amount of misinformation, and many people are really interested in tuberculosis problems who still think the disease exists only in those who are definitely ill; that it is commonly contracted by adults; that it is properly treated, no matter what the condition, by unlimited tramping about in the open air, and that it is always fatal (as, of course, could be expected from such treatment). To correct misinformation, the only agency is truth. Truth is mighty, and we hope it will in the end prevail. The amount of teaching we do about tuberculosis is not so important as that it be accurate and true. It was said by the greatest of Teachers, "Ye shall know the truth, and the truth shall make you free." The truth about tuberculosis is the best antidote for the unreasoning and unreasonable fear of the disease which makes the life of many an otherwise sensible person a burden.

It can be said with truth that conditions are improving in Manitoba. There are still nearly 500 deaths a year from tuberculosis, or

about 85 for every 100,000 population; but that is about the lowest death rate in Canada, which we share with Ontario, Saskatchewan and Alberta. Compared with our 85 per 100,000, Montreal and Quebec have each over 200, New Brunswick and Nova Scotia each about 170, Canada as a whole about 140; different portions of the United States, east, west, north and south, from 100 to 300, and the whole country about 160. England's rate is about 140. In some parts of South America, in the Philippines, and in other countries in which living conditions are bad, the death rate per 100,000 ranges from 300 to 600; that is, up to nearly seven times the death rate of Manitoba. The lowest death rate on this continent is in the provinces of Ontario, Manitoba, Saskatchewan and Alberta. Rates in the Coast States and the Southern States are very high in comparison.

On the whole, the proportion of one death in every ten due to tuberculosis still holds; and it is approximately true that in all the countries at war, during the past four years, tuberculosis has resulted in as many casualties, as many deaths, as war. Unnecessary deaths, among which deaths from tuberculosis are included, mean a yearly financial loss to Canada of $150,000,000, and to the United States of two billions of dollars. In North America, deaths from preventable diseases, including deaths from tuberculosis, are 690,000 per year. And death rates, which have been falling for a generation, will be raised again—it may be for several years—by the influenza scourge.

Among conditions of to-day to be considered in connection with tuberculosis are those growing out of the war. When, in 1914, the brazen clarion summoned the youth of all nations into armed camps, it was considered that an immense breaking down of resistance and an appalling increase in the ravages of tuberculosis would result. It is quite true that many have been broken down through the spread of epidemic diseases in barracks and camps, by bad camp and unutterable trench conditions, by fatigue beyond human endurance; and yet the number so broken down and made tuberculous is not so great as was anticipated. It is balanced to some extent by the number of those who were actually improved physically by the drill, the regular life and the outdoor work; so that it has been repeatedly stated, by those in a position to make an estimate, that the incidence of tuberculosis has not been greatly increased, if, indeed, any, by war, so far as the soldiers are concerned. It has been increased lamentably in the civilian population of every territory over-run, and even in the civilian population of Britain.

Contrary to the popular belief, asphyxiating gasses—the most horrible of all weapons of war—have not been in any measure responsible for tuberculosis. Having been gassed does not result in becoming tuberculous.

Again, in opposition to popular belief, actual infection of one soldier by another has not been the cause of war tuberculosis. Disease which became active in war was latent before the war. As Osler has said,

"the germ enlisted with the soldier." Debilitating conditions inseparable from war, the widespread common colds and uncommon colds, influenzas of all sorts, measles, whooping-cough, mumps and other epidemic diseases have stirred latent tuberculosis into activity. They have stirred up other respiratory diseases as well. Thirty-three per cent. of soldiers returned to Canada, suspected of tuberculosis, have been found to be non-tuberculous. Early in the war France lost two divisions—about 86,000 fighting men—by classing them as tuberculous; whereas closer diagnosis, under better conditions, showed that only 20 per cent. of them were tuberculous. Much pulmonary disease, apart from tuberculosis, has come out of the war.

It is along this line that the war has had much to teach about tuberculosis. Skill in diagnosis has been greatly increased, and the hazy line between tuberculous and non-tuberculous respiratory diseases has become more clearly defined than ever before.

Whatever increase there may have been in active tuberculosis during the war may possibly be compensated for by a correspondingly low rate in succeeding years. This was found true following the Franco-Prussian war. It is argued that those who would in time have broken down anyway broke down earlier than they otherwise would have done on account of the war strain, and so breakdowns may be fewer for some years to come.

Among new interests aroused by the war, a renewed interest in tuberculosis is certainly one. It has resulted in the expenditure of large sums of public money in buildings for the care of tuberculous patients, and for the care of these patients. It has established the treatment of tuberculous patients to an extent that it never was before as a public duty, and a matter of concern to governments. The war has led us to the verge of a new conception regarding illness, its care and cure. If the wounded or tuberculous soldier be cared for until he is well, or helped indefinitely if he should not return to complete health, it is not difficult to argue that the soldier of commerce, of industry, or of agriculture, when disabled, should be cared for in the same way. If the man who fights abroad is to be provided for in illness, why not the woman whose work and child-bearing has broken her down at home; and why not the child, the worker, or, if a stern need should arise, the fighter, of the future?

If tuberculosis has not been greatly increased by war, it may be asked why so great increases were necessary in buildings for the treatment of the disease. It may be, at least in part, because, among mobilized men, practically all active cases enter sanatoria, besides many suspects who are really non-tuberculous. This sudden increase in our sanatorium population is not alarming if, without increasing our morbidity, we are simply increasing the proportion of our cases under institutional treatment. Indeed, that is just what for many years we have been trying to do.

Out of war tuberculosis, there may come good as well as evil. There has, indeed, come already a better and clearer understanding of the disease, more acurate diagnosis, a more general resort to treatment in early cases, more and better equipped institutions for treatment, a juster idea of the place of the tuberculous man in the community, and a fuller utilization of the by no means inconsiderable capacity of even the definitely tuberculous man for service.

We are beginning to fear that, though war has claimed its thousands and tuberculosis its thousands, the pestilence that walketh in darkness, and the destruction which wasteth at noonday, may destroy almost its tens of thousands. In the United States, which, of course, was not hard hit in the war, influenza has killed ten times as many as the war. In one Manitoba community it destroyed one per cent. of the population; in Pittsburg, nearly seven-tenths of one per cent.; in Philadelphia, three-quarters of one per cent.; in Boston, one-half of one per cent.; and in Winnipeg, nearly 1,200 deaths have already been reported—about six-tenths of one per cent. of the population. In seven years tuberculosis would not cause as many deaths in Winnipeg as influenza in two months. That means the depletion of the community by influenza was forty times as rapid as by tuberculosis.

Influenza, which seems to linger in the mountains of Asia, issuing forth at irregular intervals and riding like a foul spirit over the world, breathing poison into the faces of men, has been well called a "mystery disease." Its relation to tuberculosis is not more certain than its other relations. There is an idea that tuberculous people are passed over easily. It seems true that most handicapped people are dealt with more easily than would be expected. It is my idea, however, that it is not the tuberculous person who is passed over easily, but one who follows the tuberculosis routine, who lives the open-air life, avoids excesses, and keeps energy expenditure well within energy income. The tuberculous person who lives wrongly, who over-spends his energy, becomes tired and lowers his resistance, will certainly not be exempt, but likely be very hard hit. The influenza epidemic undoubtedly touches a match to old latent tuberculous conditions and lights up tuberculous diseases in many for the first time. Something like half the patients admitted to the Manitoba Sanatorium during the past two months date their present illness to an attack of influenza; and if there is a distinct increase in the tuberculosis death rate during the next year or two, we certainly know the cause. In many cities a special canvass is being made of all who reported influenza to inquire if any symptoms have persisted or if any signs of tuberculosis were stirred up by it.

I have discussed *doctrines* and present-day *conditions*, and have now to mention *needs*.

One of the most urgent needs, the need of information to replace misinformation, has already been emphasized. It would seem to me that papers on tuberculosis, the disease, its causes, its treatment, and the

results of treatment, would not be out of place in this Society. I am sorry to say that even medical associations and associations of nurses are not beyond the need of papers of this sort, and for the same purpose of better information.

Since tuberculosis bears a definite relation to almost all that enters into family, personal and community life, such a Society as this could very properly discuss the relation of tuberculosis to other community problems. Such studies might be made of tuberculosis and housing, tuberculosis and hours of labor, tuberculosis and the pay-roll, tuberculosis and strikes, milk and tuberculosis, food inspection and tuberculosis, the school and tuberculosis, personal hygiene and tuberculosis, tuberculosis and the common "cold," tuberculosis and maternity, tuberculosis and war, the factory and tuberculosis, tuberculosis and city cleaning, tuberculosis and recreations, which last might be one of the most important. Not only would such studies develop and fix the ideas of the members, but they might enable the Society to speak its mind on these associated questions, and, in a way, poll its vote in favor of better conditions.

Not only knowledge is needed, but a real interest—an interest that goes beyond pity. It is a great thing to pity and help the down-and-out, the hopeless, the man with staggering gait and hollow cheek; but interest in preventing the making of tuberculosis may be even more important than interest in the unmaking of it. Prevention is a bigger matter than cure. It does not take much imagination to see the needs of the very ill, but it takes more imagination to see the ways in which the community life may be bettered and the world made safe for life as well as for democracy.

All visiting of sick people requires knowledge and tact; but the visiting of those who have tuberculosis, especially if the visitor dares to give advice, requires very definite knowledge about the disease. For instance, the venturing of an opinion by the visitor as to how much the patient should do, and how much he should rest; whether he should read or write, or receive visits or not. Such matters are definitely involved in the treatment of tuberculosis, and right or wrong advice is fraught with fateful consequences.

There may be room even yet, among all campaigns of all sorts in this age of campaigns, for a little more definite campaigning with regard to tuberculosis. I am sure, for instance, that the poor, overburdened school children, attacked by all campaigners, have not yet been sufficiently taught with regard to tuberculosis. I do not ask for instruction with regard to the disease. The best instruction would be that in which the name of the disease was not mentioned and the disease scarcely hinted at, but that which would teach, for instance, that it was neither hygienic nor gentlemanly nor ladylike to expel the excretion of nose and throat, by coughing or sneezing, into the faces of other people.

The war has brought to light in all countries undreampt of re-

sources of man-power, woman-power, money-power, enthusiasm, patriotism, self-sacrifice, altruism, organizing ability. If even a tithe of this great stream can be directed into the problems of reconstruction and better construction of our whole social fabric, the world should be a better world for the next generation, almost, than we have ever dreamed of.

War is not over; the clash of arms will give place to rivalry in commerce, in industry, in productiveness; and, if we are to cope with other nations, the master words for us must be *conservation* and *efficiency*. Waste of our material resources, of our soil, our forests, our mines, our products, our cities and towns by fires will cripple and handicap us in the race; but most of all will we be handicapped by the wasting of our human resources, the lives, the strength, the health, the vitality of our men and women, our sons and our daughters. Conservation of health and strength, and time, comes to be high patriotism. National health is national wealth, and means national prosperity. We must gather up the fragments that remain, that nothing be lost. Let us carry into a campaign, for stopping the national waste from unnecessary disease, all the strength of purpose the war found and fostered within us.

BUBBLE FOUNTAINS SHOULD BE WATCHED

The "bubble fountain," supposed to be a safeguard to health, has been found by the University of Wisconsin to be an active factor in transmitting disease.

According to the *Journal* of the American Medical Association, an epidemic of streptococcus tonsillitis in one of the dormitories of the university attached suspicion to the bubble fountain in the building. The water pressure in them was so low that it was scarcely possible to drink from the bubblers without touching the metal with the lips. An examination of the fountains showed them to be heavily contaminated with streptococci. Positive results were obtained from the surface of the fountains, and from the water discharged from them. The supply of city water, however, was free from these organisms.

A survey of all the bubble fountains of the university led to the disclosure of the fact that over fifty per cent. of the entire number showed the presence of streptococci. Laboratory tests showed that in order to be a health protective measure, as it is supposed to be, the "bubble fountain" must be constructed so that the water flows from a tube erected at an angle of fifteen degrees or more from the vertical, and with an adequate guard to prevent contact with the orifice. The organisms, it was found, remained in the opening of the fountain, dancing about in the stream, and they could not be dislodged. As long as the stream came from a vertical spout they remained there dancing close to the surface.

A fountain with a stream flowing at an angle was found to solve the difficulty.—*Public Health Nursing Bulletin.*

"Helping People to Help Themselves"

Extract from a Report to the Local Board of Health, Toronto, March, 1919

Presented by C. J. HASTINGS, M.D., M.O.H.

SOME OF THE ACTIVITIES OF THE PUBLIC HEALTH NURSE

Owing to the apparently limited knowledge of the activities of the public health nurse, it would seem advisable to enumerate some of the more important of these activities in order that we may all have a better grasp of what the public health nurse means in any municipality, especially to those who are unable to obtain this assistance and knowledge through efforts of their own.

Each public health nurse has a little section of the city in which she alone visits the homes where the need of health instruction and assistance is most evident. In many ways she learns of the need of her ministrations. By birth registrations, hospital records and the child welfare clinics she is directed to homes where the problems of caring for a new-born baby is the all-absorbing topic. Child welfare clinics, day nursery inspection and school medical inspection point out to her the home where the task of keeping the child in health can be made easier by her assistance and advice. The hospital extension work conducted by the public health nurses provides the entry to many homes from which patients have been removed and to which they hope to return. It is the nurse's task to arrange for home conditions that will not favor a relapse. Physicians' notifications of cases of tuberculosis, and applications for free hospital treatment, indicate the homes where instruction and assistance are important to protect the members of the household and others from the spread of the infection. Innumerable other means could be mentioned by which the public health nurse learns where she can be of service. Her teaching has the great advantage of an object lesson, for she goes right into the home and shows how the necessary things can be done with the facilities available.

She must be not only a teacher and a nurse, but also a trained social worker. Frequently it is impossible for the people to follow her instructions because of financial stringency or some other social problem. For example, it is fruitless for her to advise that a tuberculosis patient sleep with open windows if he has insufficient bedding and no fire in the house. In such a situation she studies the social aspects of the case, refers the need to the proper social agency, and sees that adequate action results.

The total number of home visits made by the public health nurses last year was over 123,000.

In these and many other ways the public health nurses are "helping the people to help themselves" to health.

Pre-Natal Work

That instruction in the hygiene of the pre-natal state is urgently required is demonstrated by the fact that about 30 per cent. of infant deaths occur in the first month of life, and most of these are due to pre-natal or natal causes. The public health nurses visit such cases where they believe they are needed, and give instruction and advice in reference to bodily care, proper food, dress and housing, and the many steps that should be taken in preparation for the safe arrival of the expected baby. The importance of early and systematic examination by a physician is emphasized, and resort to illegal midwifery is vigorously discouraged.

Infant and Child Welfare Visiting

Each public health nurse is notified of every birth reported from her district. If she considers it advisable, she visits to give friendly advice and instruction in the care of the baby, and to help clear up the social problems that may jeopardize the little one's chances. The importance of breast feeding is one of her most persistent messages. If breast feeding proves to be impossible, the proper preparation and care of the baby's food is her great concern. Suitable clothing, bathing, ventilation, etc., are also to be considered. No less than 36,000 infant welfare visits were made during 1918.

Babies Born in Hospital Free Wards

All babies born in the free wards of the various hospitals are visited and supervised in their homes for one year, and reports are sent monthly to the hospital on their condition and prograss. Six hundred and thirty-two such babies came under supervision during 1918.

Child Welfare Clinics

The nurse usually recommends that the baby be taken to the nearest child welfare clinic for periodical examination. These consultations are conducted in twenty-one neighborhood centres by specially trained volunteer physicians, assisted by the public health nurses. The infants are systematically weighed and measured, and careful record of their progress is kept. An expert medical examination is made and advice is given in the care and feeding of the child. These clinics are not limited to infants, but are available for all children below school age. If remediable physical defects are discovered, or the child is found to be suffering from disease, it is referred to the family physician for treatment, or, if this is impossible, to the hospital for sick children. In this way not only is the infant and child mortality materially reduced, but also many defects are corrected before they become irreparable and before the child enters school. During 1917, 937 such clinics were held, with a total attendance of 14,414 children. The public health nurses' attendance was 1,409.

Children's Hospital Extension Work

A great number of infants and children are treated at the hospital for sick children, either as bed patients or out-patients. When the child goes home, the doctor gives detailed orders for its feeding and further treatment in its own home. It is the work of the public health nurse to visit and see that the parents understand the doctor's orders; to show them how to give the necessary treatment, prepare the feeding, etc., and to do any surgical dressings that may be necessary. Last year, 961 such cases were referred from the wards of the children's hospital and 28,006 from the out-patient department.

Supervision of Licensed Baby Boarding Houses

The public health nurses inspect and supervise from 50 to 100 licensed homes in which babies may be boarded. Detailed records are kept of each home and of each baby admitted. This work entailed 2,007 visits last year.

Day Nursery Inspection

The public health nurses inspect the children in creches and day nurseries daily, also those in two institutions. The inspection is somewhat similar to that in the schools. Children suspected of communicable diseases are excluded. The parents of sub-normal children are visited, and advice and assistance is given to improve the physical condition of the children. During 1918 the number of such routine inspections was 1,305, and the number of children inspected 49,026.

School Service

School medical service is provided in 92 public and 26 separate schools, the total number of pupils being about 97,000. In connection with school children, the department has three main functions—to prevent epidemics, to discover remediable physical defects and have them treated, and to develop knowledge and habits of personal hygiene.

Because a doctor costs about twice as much as a nurse, it is the policy of this department to have the public health nurse do as much of this work as she can, thus making it possible for the public health physician to spend all of his valuable time in doing only those things that demand his special medical skill and standing.

To prevent epidemics, the essential thing is to remove from the classroom those children that have, or are developing, a communicable disease. In this the public health nurse plays the chief role. The nurse makes periodical classroom inspections; also the teachers send to the nurse any pupils that they suspect of being ill. Moreover, all children who are absent from school for two or more days are examined by the nurse before they are permitted to re-enter their classes. If, upon examination, the nurse suspects a communicable disease, she immediately sends the child home, with instructions to the parent to keep him isolated until a public health physician can visit and decide whether or not her suspicions were justified.

The physician does his visiting after school is closed for the day. Thus he is able to spend his school hours in examining pupils for physical defects that should be remedied. Although the nurse has not the technical training necessary to make this complete physical examination, she is able to relieve the physician of a great deal of the non-technical work involved. She makes the appointment with the parent to be present at the examination, and she gets the pupil to the medical inspection room at the proper time. She does nearly all the recording, makes the sight and hearing tests, weighs and measures the child, if necessary, and follows up the case to urge the parent to act upon the physician's advice. Last year 17,000 complete physical examinations were made in the schools, and 9,200 children were found with defects other than those of the teeth. In addition, 13,000 special physical examinations were made by the medical staff.

In connection with the dental inspection of school children the nurse performs a somewhat similar function. During 1918 the number of children given dental examinations was over 31,000, and the number found with defects of the teeth about 23,000. In addition, the nurse makes all appointments for treatment of pupils' teeth in the dental clinics, obtaining parents' written consent, etc. She is also responsible for getting the proper number of children to the clinics each day for the dentist to operate upon.

In the health education of the children, the lion's share of the work falls to the nurse. Everything that she does in school is a means for pointing a lesson to the child. Besides, the opportunity for classroom health talks is being used with increasing success.

Girls' health leagues, formerly known as "little mothers' classes," are being conducted in 29 public schools and six separate schools. The course consists of eleven lessons, and is given to girls from Junior Fourth classes selected by the school principals. Demonstrations are given of those features of infant care which are of interest to girls of twelve years of age. The interest has been such that the enrollment has increased since the beginning of the course. The Board of Education has arranged for the nurses to be given instructions in the principles of teaching in preparation for the course.

Emergency work in the schools usually falls upon the nurse. Simple dressings are quite within her scope. The handling of pediculosis, which is surprisingly prevalent, is also entirely in her hands. The number of children excluded from school last year because of unclean hands exceeded 5,000.

Tuberculosis Work

The chief problem in tuberculosis work is to teach the patient how to live in such a way as to improve his own chances and not to be a menace to those about him. The public health nurses visit cases of pulmonary diseases, with the permission of the reporting physicians,

and give invaluable practical instructions and assistance. Nine thousand one hundred and twenty-three such visits were made last year.

To provide specialist medical diagnosis and treatment for those who cannot afford the service, the Associated Tuberculosis Clinics are operated in the various teaching hospitals, for which clinics the public health nurses supply the nursing and follow-up work. Social service work is also done in connection with the Weston and Gravenhurst sanitariums. Toronto has succeeded in attaining the lowest tuberculosis death rate of any large city in America.

Hospital Social Service

The public health nurses conduct the social service work for all of the public hospitals excepting the Toronto General. A nurse is stationed in each large hospital, whose chief duty is to interview the patients (in-patients and out-patients) and to have visits made to the homes of those to whom she believes the district nurse can be of service. Frequently there are matters that the nurse can arrange for the patient that will set his mind at ease. Often the home conditions are in some measure responsible for the illness, and the correction of these by the help of the social agencies prevents further trouble. In many cases treatment can be continued in the home, by the aid of the public health nurse, which otherwise would require a longer stay in the hospital. Obviously this is one of the nurses' most important activities.

Venereal Disease Notifications

The Venereal Diseases Act, which recently came into force in Ontario, requires the confidential delivery of certain notices. This is accomplished by the public health nurses, and it is only when the party cannot be found that the assistance of the police is requisitioned.

Visiting Absentee Civic Employees

Because of their district organization, the public health nurses are particularly adapted for any municipal service that involves visiting in the homes of the people. The city is divided into six districts (each of which is about as large as the city of Hamilton), each with its own office and superintendents. The various nurses of each district have each a small sub-district in which they are responsible for all forms of public health nursing, including visiting, clinics, school work, etc., but not continuous bedside work. In view of this arrangement, it is obvious that any visiting necessary can most easily be done as part of the nurses' work.

For this reason, instead of the city employing special industrial visitors to look after its own employees when absent from duty, a special health nurse visits each civic employee reported off duty, reports upon his condition, and obtains a physician's certificate if possible. If any social work is needed or the nurse can be of assistance from the health

point of view, she welcomes the opportunity to serve. The number of such visits to civic employees last year was 2,654.

Workmen's Compensation Nursing

In addition to the above, the public health nurses provide all bedside nursing required under the Workmen's Compensation Act for civic employees injured in the discharge of their duty.

These are the more important of the nurses' duties. There are so many minor tasks that fall to her hands to do that it would be impossible to enumerate them all. The above statement will suffice to convey a fair idea of the many-sided character and the tremendous bulk of the work of the public health nurses.

In fact, the Division of Public Health Nursing has as many activities as a community has health problems to solve. These various duties carry the public health nurse into homes in every section of the city, into public and separate schools, institutions of many kinds, and into the out-patient departments of the hospitals. The plan of organization is efficient because each public health nurse has a definite area of the city for which she is responsible; because she can bring the families in her district into touch promptly with the necessary medical, nursing or social help.

A NURSE'S PRAYER

I dedicate myself to Thee,
O Lord, my God! This work I undertake
Alone in Thy great name and for Thy sake.
In ministering to suffering, I would learn
The sympathy that in Thy heart did burn
For those who, on life's weary way,
Unto disease divers are a prey.
Take then mine eyes and teach them to perceive
The ablest way each sick one to relieve.
Guide Thou mine hands that e'en their touch may prove
The gentleness and aptness born of love;
Bless Thou my feet, and, while they softly tread,
May faces smile on many a sufferer's bed.
Lord, sanctify my lips and guide my tongue,
Give me a word in season for each one;
Clothe me with patient strength all tasks to bear;
Crown me with Hope and Love, which know no fear,
And Faith, that, coming face to face with Death,
Shall e'en inspire with joy the dying breath.
All through the arduous day my actions guide,
And 'mid the lonely night watch by my side.
So shall I wake refreshed, with strength to pray:
Work in me, through me, with me, Lord, this day.

The Nursing Situation in China

By Chas. W. Service, B.A., M.D., Chengtu, West China

The nursing profession has won for itself an honored place among the varied activities of all civilized lands. It is now recognized as being quite as indispensable as the medical profession. Its utility and its indispensability were emphasized during the recent serious epidemic of influenza, and the services rendered by this profession during the war are beyond all exaggeration. Everywhere our well-organized and well-regulated hospitals, with their efficient nursing facilities, are witness to the high regard for human life and comfort so characteristic of Christian civilization.

But what about other lands, such as China, where human life is greatly undervalued, where disease is rife, where the mortality is appalling, where suffering is real, where competent doctors are few and nurses fewer still, where comfort is unknown, where ignorance is intense, where the sick are neglected, where hearts are calloused?

For those who have never been in China it is difficult to realize just what the physical conditions there are like, and it is impossible to describe them so as to make them real. Certainly it is true of most of us who have lived in China that familiarity with the great needs and sufferings of her multi-millions does not breed contempt for the situation, but does foster intense pity and sympathy, and does lead one to try to help solve the problem.

What are some of the facts? One of the outstanding facts is the great lack of qualified help. There are only four hundred and fifty medical missionaries and one hundred and fifty nurses in all China, one-seventh of whom are off the field at any one time. And what are they among four hundred million Chinese? If China needs two hundred thousand doctors and seventy thousand dentists, she also needs very many nurses to supply the very minimum of need.

There are only two hundred and fifty mission hospitals in China, but even that small number means two hospitals for every available nurse. Most of these so-called hospitals are scarcely worthy of the name, but their condition is made infinitely worse by the fact that there is no trained nurse on the staff to organize and manage the institution. Can you imagine a hospital without a nurse? Yet that is the situation in most institutions in China.

In the hospitals in China which are fortunate enough to have a trained nurse on the staff, the transformation effected in a short time is remarkable. Obviously the busy doctor has neither time, aptitude nor training to give attention to the detailed management of a hospital. Here is where the nurse supplements the doctor and adds to his efficiency and peace of mind and greatly improves the quality of the work.

Moreover, insanitary hospitals are a reproach to Western medical science as well as to Christianity, both of which stand for the best. If these must be judged by the type and standard of the average hospital in China, then their rating must be very low. In former years it mattered not so much as now, for almost anything was better than what the Chinese were accustomed to. But during recent years, as the result of a great increase of knowledge due to travel, widespread dissemination of literature of various kinds and contact with foreigners, multitudes of Chinese now know what good Western hospitals, doctors and nurses are. If we are going to succeed in commending our medical science and our Christianity to all classes of China, we must greatly improve the quality of the service we render them in our hospitals.

If the hospital conditions in China are much below standard and leave much to be desired, what shall be said of the domestic conditions? Now China is an extremely unhygienic land; and, although the Chinese are generally quite solicitous about their sick friends, there are positively no facilities in their homes for caring for the sick. All ordinary comforts, conveniences and necessities are lacking. Moreover, all classes know nothing of even the rudiments of nursing the sick. It is difficult, unsatisfactory and nerve-racking for a doctor to attend to patients in the home. There is nothing to use and no one to assist. This is especially true of obstetrical cases, the more so because we are rarely called except in abnormal cases. And what tragic situations we have to meet oftentimes! The dirty midwives have done their worst. Darkness, dirt and germs! No water, no utensils, no clean bedding or cloths, no assistance! Cramped quarters, noise and confusion! Think of it! And yet this is a picture of millions of homes in China.

Midwives and native doctors! Where there is no knowledge the people perish. At least thirty-five per cent. of infants die of tetanus neonatorum. Probably seventy or eighty per cent. die under one year of age.

And what are the remedies? Obviously, they are improved conditions, increased knowledge, better facilities for caring for the sick in hospital and home. The improvement must be slow and gradual and must follow the principle of "line upon line, precept upon precept, here a little and there a little."

How is all this to be brought about? By sending many more doctors and nurses to China, not so much to heal and to nurse as to teach the Chinese themselves how to heal and to nurse.

The foreign doctor and nurse in China must set themselves to multiplying themselves many-fold. In no other way can the hundreds of thousands of doctors and nurses needed in China be secured. Hence, great stress is laid now-a-days on medical schools and training schools for nursing. But to secure these there are needed many well-built, well-equipped, well-organized and well-staffed hospitals. Hence, the great need for hundreds more of foreign physicians and nurses with the best

of professional training, and possessing all those qualities of body, mind and heart which are requisite for a successful missionary career.

What foreign nurses can do for the improvement of a hospital in China, and for the uplift of China, we have demonstrated in our own hospital in Chengtu, West China, where we have been associated in work with two foreign nurses for the past several years. There we have developed a training school for male nurses, which is beginning to supply the needs of our own hospital as well as those of others.

Here is a superb opportunity to do something beneficial and constructive for the great Chinese people, who are gradually emerging into a newness of life and experience to which they were once total strangers. A loud call for relief and help comes from a quarter of the world's population to the nurses of Western lands who possess something of value which they have not. This call may be inarticulate, but it is very positive. Their appalling need constitutes a clamant call to the nursing profession of Western lands to share with them the unspeakable boon of an art which brings blessing, health and salvation to multitudes.

Many missionary boards are in great need of considerable increase of their nursing staffs in foreign lands. This is certainly true of the Canadian Methodist Church, which needs sixteen new nurses in West China during the next few years.

If any nurses are interested and wish to make enquiries, they may write to the Methodist Mission Rooms, Queen Street, West, Toronto.

Victorian Order of Nurses

Miss Gibbs has completed, with her visits to Victoria and the Island, her trip throughout Canada, urging Public Health Nursing as the coming factor in the nurses' field. Miss Gibbs held attentive audiences wherever she went, and the Victorian Order can feel that the trip has been very successful.

* * * *

A Post Graduate Course of four months in District and Public Health Nursing for graduate nurses is given at the training centres of the Order, namely: Ottawa, Montreal, Halifax, Toronto and Vancouver.

Salaries during the course and good openings after successful termination.

For full information, apply to the Chief Superintendent, Room 4, Holbrook Chambers, 104 Sparks Street, Ottawa, Ont.

Editorial

As stated in the April issue, the dates for the two Conventions will be from June 30th to July 5th, inclusive, and it is hoped that many will attend. Those coming by train should get their return tickets to Victoria, as they can have the extra trip for the same money, and Victoria must not be missed by the visitors. Unfortunately, definite information re transportation cannot be published just now, as there is an uncertainty as to whether the summer rates will be in force this year, but this will certainly be known in time for our June issue. For those who have not taken the long coast journey, it might be interesting to tell them that parties of two to four can travel as cheaply together by using the state-rooms and drawing-rooms as if in the lower berths, and vastly more comfortably. If two nurses do not mind sleeping together in the extra wide lower berth in both these compartments, three can travel comfortably in state-rooms, and four in the drawing-room. Stop-over privileges are given to all first class return tickets, and include a stop at Winnipeg, Moose Jaw, Regina, Medicine Hat, all mountain resorts, Revelstoke, Kamloops, and in either direction they can be arranged to take in the Crows Nest Pass trip with its wonderful Arrow and Kootenay Lake boat trips with a stop-over, for the night at any rate, at Nelson. The extra Trans-continental Limited trains will be put on for the first time this summer, cutting the time needed for the trip considerably.

The hotel accommodation in Vancouver is apt to be taxed to its limit during the summer with tourists, and it will be wise to make reservations in good time.

HOTEL RATES

Vancouver Hotel—Room and bath for one, $3.50; room and bath for two, $5.00; room without bath for one, $2.50; room without bath for two, $4.00.

Glencoe Lodge Accommodation, Limited—Room and board, from $3.00 up per day; room, bath and board, from $22.50 to $30.00 per week.

St. Regis Rooms—$1.00 and $2.00 without baths, $5.00 for four in two rooms with bath in between. Rooms with bath, $2.00.

Dunsmuir Hotel—Rooms $1.00 and $2.00 without baths, $5.00 for four in suite of two rooms and bath. Single room with bath, $3.00.

Abbotsford same.

List of restaurants, tea-rooms and all information for the guidance of the visitors will be furnished on arrival by the Committee on Arrangements.

The Convention of the Hospital Association of British Columbia will be held in Victoria the following week, and it is hoped that as many as possibly can will stay for this.

The following rough draft of agenda has been sent by the Secretary of the C.N.A.T.N. with a request to have it appear in this magazine.

Programmes from the two associations have not yet been completely prepared; only those who have ever had anything to do with a similar work can appreciate the effort required to get these programmes definitely in shape for the printer. Next month's issue should have all arrangements completed for the visitors' convenience.

Rough draft of agenda of the Annual Convention of the Canadian National Association of Trained Nurses to be held in Vancouver, B. C., July 2nd, 1919, to July 4th, 1919.

N.B.—It must be distinctly understood that this draft is in no way final, but is subject to alteration, neither does it set forth the subjects for discussion in their order. It is intended simply to serve as a guide as to the general trend of the deliberations of the Association. Suggestions regarding same may be forwarded to the president or the secretary of the Association.

Subjects to be discussed and reported upon:

(1) Presidents' Address. Secretary and Treasurer's Reports. Reports from all Affiliated Organizations.

(2) Reports of the following Standing Committees:
   (a) Membership. (b) Publication. (c) Arrangements. (d) Programme. (e) Nominating. (f) Public Health. (g) Nursing Progress.

(3) Reports of the following Special Committees:
   (a) Financial. (b) Registration. (c) War Committee. (d) Committee of enquiry regarding eight hour day. (e) Committee on Memorial to Edith Cavell and Canadian Nurses.

(4) Report of the Editor of the Canadian Nurse.

(5) Discussion relating to the Status of V. A. D. Nurses.

(6) Discussion relating to Trained Attendants.

(7) Discussion as to the Development of a National Nursing Service to be utilized in times of epidemic or other catastrophe.

(8) Discussion relating to the proposed Department of Nursing at McGill University.

E. JOHNS, Secretary,
The Children's Hospital,
Winnipeg.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss Fairley, Alexandra Hospital, Montreal.
Second Vice-President—Miss Dunlop, 209 Stanley Street.
Secretary-Treasurer—Miss S. Wilson, 638-a Dorchester St., West.
Registrar—Mrs. Burch, 175 Mansfield Street.
Reading Room—The Club Room, 638a Dorchester Street West.

* * * *

The April meeting of the C.N.A. was held in the club-room on Tuesday evening, 1st inst. Dr. Reddy gave an interesting lecture on "The Auto-toxemia of Pregnancy."

The sympathy of the Association is extended to our president, Miss Phillips, on the loss of her mother, who died in Watertown, N.Y., on April 6th, after a short illness.

Liquid Tight Closure

The Canadian Medical Association Journal describes an appliance invented by Dr. W. H. Taylor and Dr. N. B. Taylor, of the C.A.M.C., for thoroughly irrigating an infected wound. There is a chamber of soft rubber which adheres to the skin about the wound, and has an inlet and outflow permitting the deepest wound to be thoroughly irrigated without drainage tubes. These sometimes obstruct the outflow of pus and cause it to be retained in the wound. The new apparatus depends upon fluid pressure to conduct the irrigating solution from the reservoir to the deepest recesses of the wound. It is in the nature of a gentle but very insistent seepage; there is nothing violent in the flow. The inlet is closed and the outflow opened to allow the escape of the cleansing fluid and its contained pus. The results were very satisfactory.

All who joy would win
Must share it; happiness was born a twin.

Byron.

If anything external vexes you, take notice that it is not the thing which disturbs you, but your notion about it—which notion you may dismiss at once, if you please.—Marcus Aurelius.

News from The Medical World

By Elizabeth Robinson Scovil

The *Canadian Practitioner* states that, according to the regulations of the Ontario License Board, a duly qualified medical practitioner is legally entitled to keep in his house or office ten gallons of liquor. He can procure one quart for medical practice from any qualified druggist, or he can purchase from any vender or distiller any quantity up to ten gallons. When the physician considers a larger quantity than the prescribed six ounces of liquor is necessary, he can give a prescription for a dozen bottles of ale, beer, or porter, containing not more than three half-pints each, or one quart of wine, which can only be procured from one of the seven venders of Ontario. None of this can be legally used as a beverage, but is absolutely for medical use only.

Care of the Mouth

During an epidemic the virulence of the microbes in the mouth is increased, and the proper care of the mouth becomes very important. Cleansing the teeth and gums three times a day is imperative. The benefit of tooth-powders is doubtful, as they destroy living cells more easily than microbes and predispose the tissues to infections of all kinds. Instead, gargling and rinsing the mouth with a hot alkaline solution is recommended.

Establishing Paternity

A bill has been introduced into the Kansas Legislature by Dr. Lydia de Vilbiss providing that any physician, nurse, midwife or other attendant at the birth of a child born out of wedlock shall, under penalty, report the fact in writing within ten days to the Juvenile Court. It then becomes the duty of the court to discover the father of the child, who shall be made responsible for its care, maintenance and education as if it had been born legitimately. This shifts the responsibility of proof from the girl-mother to the State.

Municipal Hospitals

Twenty-three of the leading physicians of Calgary have given their hearty approval to the scheme for municipal hospitals in that province. They have not been opposed to the hospitals, but to political capital being made out of the movement.

German Surgical Substitutes

The British Medical Research Committee describes some of the substitutes for surgical materials used by the Germans during the war. Many soap substitutes were tried, but the soda preparations were the

only successful ones. Spirits of wine, 70 per cent. alcohol, was used for washing the hands and instruments. No satisfactory substitute for glycerine was found. Rubber drainage tubes were replaced by glass and synthetic rubber, but the cost of the latter was very high. Rubber bulbs were replaced by a bellows-like apparatus; rubber bands by spiral springs. Aluminum was used instead of vulcanite dental plates. Nickel-plating on surgical instruments was replaced by cobalt, which wore off and blackened on boiling. Bandages were made of wood fibre, paper, nettle fibre, etc. Wood fibre bandage is strong when dry, but tears easily if not, and can be sterilized only in steam.

Infant Feeding

A writer in the *British Medical Journal* urges that infants should have larger quantities of food at shorter intervals than is now customary. The size of the child and its digestive powers should be taken into consideration. When a child is manifestly not satisfied at a feeding, it should have a little more food.

Whooping-Cough

A French medical writer states, as the result of recent extensive research by himself and others, that whooping-cough is contagious from the very first, but this contagious state does not last long. Children who have been exposed should be isolated as soon as they begin to cough, not waiting until they whoop. A severe form of the disease may be transmitted from the mildest type. There is no reason for keeping a patient isolated for four weeks, or even less; five weeks is the extreme limit. Change of air may then be made with safety to outsiders.

The Supply of Nurses

The *Journal of the American Medical Association* says, editorially: "One need, at least, is clear—a greater supply of well-educated nurses must be provided. No doubt a way will be found without placing too severe a burden on either the nurses, physicians, hospitals, or nurse training schools, to provide for the nursing needs of the public, which primarily is interested in the regulations that will be enacted."

Isolation in Influenza

A Danish doctor emphasizes the importance of isolation in epidemics of influenza. He had every one of his influenza patients strictly isolated from the first symptoms; the nurses wore over-garments and masks. The disease was restricted to one case each in ten families, and all but two were imported cases. The houses were small, and in some as many as ten persons slept in one room.

Eclampsia in Child-birth

A writer in a Spanish medical journal reports excellent success in the administration of morphia in obstetric convulsions. He gave first 0.03 gm.—half this dose in half an hour and again in another half hour, continuing with 0.01 gm. at hour intervals thereafter. The bowels were washed out with six or eight liters of boiled water every eight hours. The writer thinks that, if the morphia had been begun with the first convulsion, every patient would have been saved. As it was, there were two deaths in thirty-two cases treated.

Destruction of Lice

It has been found that, in washing garments infected with lice, water at a temperature of 114.5° F. would destroy the parasites in fifteen minutes. It is recommended to use water at 120° F., not to become cooler than 115° F. during fifteen minutes' washing. This will destroy them without chemicals. When dry, the garments should be put in a hot-air chamber, at a temperature of 150° to 170°, to destroy the eggs. Under this process woollens will not shrink.

St. Elizabeth's Hospital Training School, Shanghai

The second commencement exercises of St. Elizabeth's Hospital Training School, Shanghai, was held in St. Peter's Church on September 24th, There were six graduates, all of whom hold N. A. C. Diplomas.

Miss Steelman, of Shanghai; Miss James, of Wuwu, and Miss Hood, of Soochow, are among those who have gone to Siberia. Miss Hood took with her twelve Chinese nurses.

Miss Jane Delano, of the American Red Cross, Washington, D. C., is very anxious to have all American nurses in China enrolled under the Red Cross. They will be enrolled under the Fourteenth Division of the Red Cross, and are to be used for emergencies in China.

On the 4th of January, 1918, of pneumonia following influenza, at Tzelieutsing Szechuau, China, Miss Mary Totten Smith was taken from the scene of her activities in the Mission Field. Miss Smith was a graduate of the Toronto General Hospital, and much beloved by all who worked with her. She had prepared herself most thoroughly for her work in China, and her enthusiasm was inspiring and contagious. Truly, "She being dead, yet speaketh."

The officers of the Nurses' Association of China, known as the N. A. C., are as follows: President, Miss Margaret Baldwin, Foochow; Vice-President, Miss Hood, Methodist Mission, Soochow (now in Siberia); Secretary, Miss Lila Batty, 9 Woosung Road, Shanghai; Examination Secretary, Miss Laura Lenhart, St. Luke's Hospital, Shanghai; Editorial Secretary, Miss Laura Wells, St. Elizabeth Hospital, Shanghai.

In the Red Cross Hospital, Tumen, Siberia, Miss Grace McBride died December 23rd, after an illness of nearly two weeks. She left Shanghai in September with a party of doctors and nurses for Siberia, to do Red Cross work. She was buried on Christmas Eve, just outside the city of Tumen. "Peace, Perfect Peace."

Public Health Nursing Department

Conducted by the Committee on Public Health Nursing of the C. N. A. Under the Convener on Public Health Nursing

HALIFAX, N.S.

The first week in April, Mr. Murphy, of the Children's Aid Society of Boston, under the auspices of the Local Council of Women, held a child welfare conference in this city. The meetings were well attended, showing much interest. His subjects were: "The Responsibility of the State for Its Children," "Care and Treatment of Difficult Children," "Families versus Institutions," "Methods of Work," and "The Unmarried Mother."

The Salvation Army are building a new maternity hospital of 100 beds. It is expected to benefit Dalhousie University students, and also that the pupils from the various training schools will affiliate for this training.

A class for the semi-sighted children has been started, with a special instructor in charge.

The new Bloomfield Street High School is giving a room to the V.O.N. to conduct a well baby clinic. Two nurses and a doctor are in attendance at it.

A bill, designed to enlarge public health activities, is now receiving attention of the Legislature. The appointment is suggested in it of a provincial inspector of health, three full-time divisional medical health officers, and a public health nurse for each county. It is proposed to establish clinics, one in each county to be headquarters for doctor and nurse, to deal specially with tuberculosis and causes contributory to infant mortality. Literature on these subjects, and also anti-toxins and vaccines, will be supplied from these centres.

In the treatment of nervous cases, he is the best physician who is the most ingenious inspirer of Hope.—S. J. COLERIDGE.

OPEN-AIR TREATMENT OF INFLUENZA

The Massachusetts State Board of Health strongly advocates the open-air treatment of influenza-pneumonia patients. In Boston they were put in tents, or wooden shacks so built that the sun fell directly on them at some time during each clear day. Air blew freely over the patients, who were kept warm and comfortable. When put in the fresh air, their high temperature declined.

The Diet Kitchen

BY ELIZABETH ROBINSON SCOVIL

CEREALS

Cereals are grasses whose seeds are used for food, and are the most important of vegetable foods, as they will grow in almost any climate, from barley in Northern Asia to rice in India. They can always be obtained in peace times. They were named from Ceres, whom the Greeks called the goddess of the earth, the name meaning mother earth; she was the protectress of agriculture and all the fruits of the earth. Wheat, oats, Indian corn or maize, rice, rye and barley are the most important varieties.

Long cooking is essential in the preparation of cereals; they may be boiled or dry-steamed in a double boiler. Water is added, because, unlike potatoes, they do not contain enough to soften the starch and must be so cooked as to absorb more.

Some patients imagine that only those foods are starchy which resemble starch in appearance, as cornstarch and arrowroot, and are surprised to learn that one-fifth of the bulk of potatoes is composed of starch, and about half of peas, beans, wheat, rye and oats.

There are a few points to be remembered in cooking cereals. Those that come in packages already prepared by steam-cooking do not require soaking; the others should be soaked in cold water before being used. Have ready the required quantity of boiling salted water, and sift the cereal into it gradually. Oatmeal requires 1¼ cups of water to one of oatmeal; hominy, farina and the finer wheat preparations much more, from 3½ to 4 cups of water to one of cereal. The latter are improved by adding a quarter of a cup of milk about fifteen minutes before removing them from the fire. The fine cereals should be mixed with cold water, to prevent them from lumping, before adding to the boiling water.

Cereals should absorb all the water in which they are cooked; if too moist, leave the saucepan uncovered for a time before they are taken up. It is better not to eat them at all than to eat them undercooked. To make them wholesome and well-flavored they must have long cooking, otherwise they are apt to disagree with delicate digestions.

If porridge is required in a hurry, boil it from a quarter to half an hour and finish the cooking in the double boiler. Oatmeal may be cooked the day before it is needed, and reheated when it is to be served. It requires about three hours' cooking in a double boiler. As a rule, cook prepared breakfast foods twice as long as directed on the packages.

Fortified gruels are made of well-cooked cereals, strained and with milk, beef tea, or a well-beaten egg added. If poured upon the egg when boiling it will cook the egg sufficiently. Some preparation of malt is often added to gruels; it improves the taste and makes them more digestible.

It is sometimes found difficult to cook rice so that each grain will be distinct and yet soft. Have a saucepan with a quantity of boiling water, wash the rice in a strainer with cold water and put it in the boiling water a little at a time, not to check the boiling. It should be done in half an hour, but must be tested. When soft, add salt and turn it into the strainer again; hold it under the cold-water tap, or pour cold water through it to wash off the loose starch that would make the grains stick together. Stand the strainer in another dish and set it in the oven, with the door open, to reheat. Lift it into the serving dish with a fork. As rice is almost pure starch and fat is absent, cream should be eaten with it.

For the convalescent, fruit may be added to the cereals and makes a change that is welcome, besides increasing the food value.

Oatmeal may be poured into an individual mould and, when cold, turned out on a plate and surrounded with slices of banana. A saucer of hot oatmeal may be hollowed in the centre and the depression filled with ripe strawberries. Sliced peaches go well with cornmeal porridge, or with a mould of hominy. Raspberries are particularly nice with farina. Stewed apple, sweetened, strained and flavored with lemon, goes well with oatmeal. When fresh fruit cannot be obtained, figs or dates can be cut into pieces and stirred into the cereals. Raisins are especially good with rice.

If porridge is disliked, the cereal may be given in the form of muffins. Good recipes for corn muffins can be found in any cook book.

OATMEAL COOKIES—One cup of oatmeal, half a cup of sugar, half a tablespoonful of butter, half a tablespoonful of flour, half a tablespoonful of milk, one egg, half a teaspoonful of baking-powder, a little salt, a quarter of a cup of chopped almonds. Mix and drop in small spoonful on a buttered pan; baked in a medium oven.

OATMEAL CAKES—One cup of oatmeal, one cup of wheat flour, one cup brown sugar, half a cup of butter, half a small teaspoon of baking-powder, two tablespoonsful of water; roll very thin, cut in rounds, and bake in rather hot oven.

OATMEAL BREAD—Half a cup of rolled oatmeal, a quarter of a cup of cornmeal, a small teaspoonful of salt, half a tablespoonful of butter. Mix these ingredients with one cup of boiling water and let them stand for an hour. Add a third of a yeast-cake, dissolved in two tablespoonsful of luke-warm water; a quarter of a cup of molasses and two cups of flour. Mix well and let the dough rise until double in bulk; heat well and put in a well-greased pan. When light, bake in a hot oven about fifty minutes.

The World's Pulse

By ELIZABETH ROBINSON SCOVIL

Mr. Justice Hodgins recommends the formation of a committee, to be called the Ontario Social Hygienic Committee, to initiate a province-wide movement for the suppression and cure of venereal disease and for the education of the public in regard to it. Other work regarding social conditions would fall within its scope. The Dominion Government is asked to co-operate by forming a Federal Department of Health.

Two of the gowns in Lady Patricia Ramsay's trousseau were made by blind girls at the workshop of the London Association of the Blind. They had been in training for about two years, and began by knitting socks.

General Ludendorff has written a history of the war, which he offered to the London *Daily Express* for $200,000.00. The offer was refused, with the remark that Ludendorff had already cost the Allies enough and the *Daily Express* was not prepared to pay him an indemnity.

The construction of a tunnel from the Asiatic side of Behring Strait, where there is already a railway, to Cape Prince of Wales, near Dawson City, Alaska, is under consideration. This would enable a passenger to make a through railway journey from London to Canada, the United States and South America, when the tunnel under the English Channel is completed.

An enormous airship, 670 feet long, is being built on the Clyde, and, it is hoped, will be the first to cross the Atlantic. It will carry fifty tons of goods, but was intended for war and to carry bombs, machine-guns and a gun for throwing shells. It is to travel eighty miles an hour. It would have dropped bombs on Berlin if the armistice had been deferred. The first steamer, the Comet, was built on the Clyde in 1812.

The daily papers report that a serum has been prepared for influenza which has not failed to give relief in a single case. It is said to be the discovery of a London bacteriologist, who believes that the Pfeiffer bacillus is the influenza germ.

A project is on foot to join the Rhone River with the Rhine by uniting the Rhone and the Saone. The purpose is to create a great waterway between the Mediterranean and Central Europe.

The "Princess Pat's" Regiment, Canadian Light Infantry, is to form a part of Canada's permanent forces. It is to be reorganized into a permanent four-company battalion, with headquarters in Toronto. Canada's permanent military force will be 5,000 of all ranks.

A new era of domestic service is being inaugurated in England with the opening of the Household Service Section of the Women's Legion. This aims at raising the status of the domestic servant and recruiting girls from the Women's Army Auxiliary Corps and other public war services. The conditions include two hours off duty every day during working hours, a half day every week, four hours off on Sunday, and 14 days' holiday each year on full wages. The Legion's badge is to be worn, and long-service stripes for domestic service.

Mr. Godfrey Isaacs, managing director of the Marconi Wireless Telegraph Company, has said that the company expects to have a commercial service of wireless telephones between London and New York early next year. Experts believe that at no distant date pocket wireless sets will be in every-day use. A man walking in the street will hear a bell ring in his pocket, and, putting the receiver to his ear, will receive a message perhaps from a man travelling by airplane as far distant as Warsaw.

A strong committee has been formed, with the Duke of Connaught as president, to secure the international celebration of the landing of the Pilgrim Fathers in 1620. The Mayflower, a little craft of 180 tons burden, with 100 souls on board, sailed for the New World in September of that year.

Father Vaughn, a celebrated English Roman Catholic divine, in a sermon on labor troubles, said: "In the last resort a man can only have what he makes, and if that is little there will be little for him. At any cost, capital and labor, instead of living in divorce courts, should be brought into indissoluble union, each completing the other."

A chair of oceanography, so far as is known the first of its kind in the world, has been endowed at Liverpool University. Such matters as the variation of the Gulf Stream will be studied. The science of the sea affords an immense field for scientific research and industrial application.

The thermos bottle is an English invention. The inventor, Prof. Sir James Dewar, discovered the properties of a double-jacketed vacuum flask and tried to have his idea worked out in England, but was driven to send it to Germany. The Germans immediately put it on the market and reaped the reward.

Nathan Littauer Hospital School of Nursing

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For particulars, address Superintendent, Gloversville, N.Y.

The Nurse's Library

"Hygiene of the Eye." By Wm. Campbell Posey, A.B., M.D. 344 pages, 120 illustrations. J. B. Lippincott Co., Philadelphia.

A noted specialist, on the eye, takes up a much needed task when he attempts to write a book which will be valuable not only to the professional man, but will serve the popular reader to get a broader comprehension of the importance of care of the eye. His book is wonderfully free from hampering traditions, and he does not fall into the error of so many specialists in considering his particular speciality as the chief seat of all the "ills that man is heir to," nor does he consider the eye independent of the rest of our body and its anatomy. It would seem, to the reviewer, that Dr. Posey has attained the happy medium between the general practitioner and the specialist in his manner of realizing the interdependence of all parts on others. Interesting chapters are those on the structure of the eye, spectacles and eyeglasses, school life, artificial lighting and daylight illumination, influence of optical defects upon the general system, and the participation of the eye in diseases of the general system, and the popular movement for conservation of vision.

"Diet Lists of the Presbyterian Hospital, New York City." Compiled, with notes, by Herbert S. Carter, M.D., Associate Visiting Physician to the Presbyterian Hospital, Associate in Clinical Medicine at Columbia University, Consulting Physician to the Lincoln Hospital, New York City, etc. 12mo of 165 pages. W. B. Saunders Company, Philadelphia and London. J. F. Hartz Co., Ltd., Toronto. Cloth, $1.25 net.

This book will be one of the helps to the dietitian who, in so many instances, has only had her Domestic Science Training with no hospital experience, and will make her work so much more intelligent and interesting. Intended primarily for the Presbyterian Hospital, comments made on the different diets were added, and explanatory notes add to the completeness of the book.

"The Treatment of War Wounds." By W. W. Keen, M.D., L.L.D., Emeritus Professor or Surgery, Jefferson Medical College, Philadelphia. Second edition, reset. 12mo 276 pages, illustrated. W. B. Saunders Company, Philadelphia and London, 1918. The J. F. Hartz Co., Limited, 24-26 Hayter St., Toronto, Sole Canadian Agents. Cloth, $2.00 net.

This book, while intended chiefly for Surgeons, by one who had established his reputation long before the war, is nevertheless a most interesting book for the nurse who is taking up operating room technique as her specialty. While the surgery of the wounded soldier differs in kind from that of the civilian by reason of the different causes of the need for surgical interference, still the alert nurse, interested in her

special work, wil find this very worth while. The chapters on the Carrel-Dakin and the Bipp methods on burns, and the one dealing with gas infection and gangrene are most interesting.

"American Red Cross Abridged Text Book on First Aid. General Edition." A manual of instruction by Colonel Charles Lynch. Second edition with 41 illustrations. P. Blackiston's Son & Co., Philadelphia. Price 50 cents.

"American Red Cross Text Book on First Aid. Woman's Edition." By Colonel Charles Lynch. Second edition with 31 plates. P. Blackiston's Son & Co., Philadelphia. Price $1.00, paper 35 cents.

The two books are prepared and endorsed by the American Red Cross, and are indeed most valuable. Compared to the text books usually given to our First Aid workers, they are a revelation of what can be done to give them sufficient information to help them without allowing them "that little learning that is a dangerous thing." Every house should have one of these textbooks, the choice for this being the one for women, and which will, in many cases, prepare the mother to care for the first aid for the various accidents and emergencies of the children in the house.

Hospitals and Nurses

NOVA SCOTIA.

A very pleasant tea was given in honor of Miss Gibbs, at the V. O. N. Home in Halifax recently. Miss Gibbs was sent by the Order to interest the young women of the city in Social Service in all its branches. The guests included representatives from the different women's organizations in the city of Halifax. The guests were received by the committee of the V. O. N., assisted by the Superintendent and Miss Barrington, President of the G. N. A.

Miss Anna Butterfield, graduate of the Halifax Children's Hospital, is now Assistant of that institution. The new wing will probably be ready in another month, giving the hospital about fifty beds.

Miss Harriet Graham, Matron-in-Chief for Nova Scotia and Cape Breton, leaves shortly for Toronto.

Matron Doyle, formerly of the Station Hospital, is expected home shortly, while in England she received the R.R.C. for services rendered.

Miss Ethel Barnstead has taken a position on the staff of Dr. Mader's Hospital.

Matron Hubley, late Matron of the Dalhousie Unit, is on duty as Matron of the Cogswell Street Hospital.

Nursing Sisters Cook, Archard, and Fitzgerald, all members of the Dalhousie Unit, returned recently from four years' service in France. The Unit was given a rousing welcome at the Pier, and afterwards entertained at dinner by Dalhousie University. The Unit is under the command of Lt.-Col. Hogan.

The Misses Munro, Cuvilier and Bethel, formerly V. O. N. on duty in Halifax, are in Germany with the American Red Cross.

Nursing Sister MacLeod has been appointed Matron of the Military Convalescent Hospital in Charlottetown, P. E. I.

Nursing Sister Florence McInnis, of "Camp Hill," has gone to St. Anne de Bellevue for further treatment.

A very pleasant impromtu dance was held Easter Monday night in the Camp Hill vocational building for the soldiers. The sisters were in attendance and the music furnished by some of the men.

* * * *

NEW BRUNSWICK.

The annual meeting of the St. John General Public Hospital A. A. was held at the hospital April 9th. A very pleasant evening was spent. All the officers were re-elected, with Miss E. J. Mitchell as President.

Nursing Sisters Julia Peters, Annie L. Wilson and Nellie Donahue have returned from overseas.

The first provincial examination for the Registration of Nurses was held at the General Public Hospital, St. Johns, March 15th and 26th. Fifteen nurses took their examinations.

A local chapter of the New Brunswick Association of Graduate nurses has been formed at Fredericton, with Miss E. Sanson as President. Other members are Misses McGivney, Stevenson, Hanson, Anderson, Bell, Harvey, Barry, Jaffery, Vail, Palmer, Norwood, Benden, Stewart, Kierstead, Mrs. Richards and Mrs. Fleming. We wish them all success.

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QUEBEC.

Sherbrooke.

The "At Home" given in the Assembly Hall of the Sherbrooke High School, May 31st, by the members of the Eastern Townships G. N. A., was a pleasant social event. The Red Cross, the Victorian Order of Nurses and the V. A. Detachment were invited guests. Mrs. Jack Morkill, Mrs. A. W. Blue and Miss M. Robins received the guests, with the Rev. E. C. Russell as Chairman. After an address by Rev. C. Ellery Read, and a musical programme, refreshments were served by the Association. Arrangements were made for a food sale in May.

The Association has been raising money for some time with the object of furnishing a room in the new Nurses' Home in memory of one of their members who died at Kingston on her way overseas. This is for the use of the graduate nurses only, and is called the "Grace Nourse" room, named after our deceased member.

Miss Doris M. Stevens has been appointed representative to the "Canadian Nurse Magazine." Her address is 46 Queen St., Sherbrooke, Quebec.

ROYAL VICTORIA HOSPITAL, MONTREAL.

The engagement is announced of Nursing Sister Dorothy Wilks (1915) to Major George Phelan, both of the C. A. M. C.

Nursing Sisters Sedgwick and Pidgeon recently returned from France and are at the Military Hospital, Ste. Anne de Bellevue, Que.

On April 16th, the Alumnae Association and members of the graduating class were addressed by Miss Isabel McCaw, of Montreal, on her work with the Serbian Army, where she spent twenty-two months as an ambulance driver, and has just returned to Canada. Previous to joining the Scottish Women's Hospital Unit, Miss McCaw was on the editorial staff of the Montreal "Star." Miss McCaw closed a most interesting address with a brief appeal for the Serbian Orphans' Fund.

Forty-eight pupils graduated from the Royal Victoria Hospital as members of the 1919 Class recently. The President, Sir Vincent Meredith, Bart., occupied the chair and, in his opening address, referred to the splendid work done by the graduates of the school overseas during the war, and mentioned particularly Miss Dussault, who was drowned in the sinking of the "Llandovery Castle" by the Hun. The diplomas and badges were then presented by Dr. W. F. Hamilton, and each nurse received a thermometer and case, presented by the other nurses in the school. Miss Kathleen Millar, who led the class, was presented with the "Dussault Medal," donated by David MacKenzie, of the R. V. H. staff. The reading of the Florence Nightingale pledge by the class concluded that portion of the programme. An address was given by Major W. H. P. Hill, urging the graduates to keep up with their work, reminding them that medicine is an ever-changing, progressive art, and that nursing, to be a success, must of necessity keep pace. A musical programme concluded the evening's proceedings.

The following composed the graduating class, 1919:

Frances Anderson, Jean Bain, Anna Bell, Muriel Black, Elizabeth Bowman, Florence Brownlee, Ethel Bryan, Annie Bulman, Ada Burton-Morris, Barbara Campbell, Lena Campbell, Jean Currie, Mabel Darville, Ethel Fleming, Eleanor Gardner, Vivian Graves, Margaret Grieves, Gwendolyn Hall, Gladys Harris, Ruth Vivian Hart, Dorothy Hayward, Beatrice Hewitt, Kathleen Humphrey, Irene Hutchings, Janet Hyndman, Ruth James, Teresa Lingley, Florence Lockhart, Dorothy Martin, Grace Martin, Sara McCorquodale, Kathleen Millar, Sybil Mills, Ella Moffat, Hermine Montizambert, Eleanor T. O'Neil, Olive Potter, Grace Prescott, Hilda Rankin, Mary Robertson, Myrtle Ross, Kathryn Sanders, Elizabeth Sandilands, Cora Shaw, Beatrice St. Denis, Lillian Strachan, Gladys Strum, Grace Thompson.

MONTREAL GENERAL HOSPITAL.

The Alumnae Association of the M. G. H. intend to have a brass tablet placed in the hospital in memory of Nursing Sisters Sara and Fortescue, who lost their lives when the hospital ship "Llandovery Castle" was torpedoed. It is also suggested that pictures of these brave nurses be hung in the Nurses' Home.

Miss J. Murphy is now in charge of the outdoor department, succeeding Miss Whitney, who resigned recently. Miss M. Gray has been appointed charge nurse of Ward G; Miss Briggs has resigned from charge of Ward H, and Miss Caswell has resigned also, and is doing private duty.

Miss McGinnis has leave of absence for the summer from her duties.

Miss L. McKinnon, late of the operating staff of the M. G. H., has joined the nursing staff of the Laurentide Sanitarium, together with Misses N. Curwell, M. Willis and Mrs. Marlatt (nee Gray). These are all of the Class of 1918.

Miss C. V. Barrett, Class 1915, has been appointed Superintendent of Nurses at the Montreal Maternity Hospital; Miss E. Rolland (1915) as her assistant, and Miss E. L. Robins (1918) as Night Supervisor.

The following graduates of the M. G. H. have returned from overseas: Nursing Sisters Sergeant, Violet Larter, Riddell, Helen Arnoldi, Kitty Arnoldi, Kathleen Knight and Dewar. The latter will shortly join the staff at Ste. Anne's Military Hospital.

Nursing Sister McCartney, now at Ste. Anne's, is going on transport duty, and Sister Lightbound is on troop train duty at present.

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ONTARIO.

HAMILTON.

Three of the City Hospital graduates and the Registrar, Miss Insole, were among those attending the Convention of the Ontario Graduate Nurses' Association. These were Miss Mae Brennan, representing the G. N. A. Chapter; Miss G. H. O'Brien, representing the Alumnae, and Miss MacPherson, Superintendent of the Children's Hospital.

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MANITOBA.

WINNIPEG.

The announcement of the appointment of Miss Charlotte M. Powell as successor to Miss Mabel Gray, as Superintendent of the Winnipeg General Hospital, has been announced, her appointment to take effect June 1st. Miss Powell is a graduate of a Toronto hospital, and is at present at Mount Sinai Hospital, New York. She has held positions in Toronto, and was Superintendent of Nurses at Minneapolis City Hospital till October, 1918, when she resigned to accept the position in New York.

SASKATCHEWAN REGISTERED NURSES' ASSOCIATION.

The Second Annual Convention of the Saskatchewan Registered Nurses' Association.

The Second Annual Convention of the Saskatchewan Registered Nurses' Association was held in the Public Library, Moose Jaw, on April 24th and 25th.

Archdeacon Johnson opened the first session with the Invocation, while Mayor Hamilton gave an address of welcome on behalf of the city of Moose Jaw.

Miss Granger Campbell, Superintendent City Hospital, Saskatoon, in a few words, made a fitting reply on behalf of the visiting members.

There was a splendid attendance at all four sessions, with great interest shown on the part of all present.

Miss Jean Browne, President, was in the chair. Too much cannot be said in regard to the way in which Miss Browne has guided the interests of the nursing profession in Saskatchewan for the past seven years, and it was with much regret the Association felt they must accept Miss Browne's resignation as President.

The Association was most fortunate in having Miss Johns, of Winnipeg, present for the Convention. On Thursday evening, Miss Johns gave a paper on "Some of the Present Day Nursing Problems," and the following morning she conducted a round-table conference on the same subject. All felt no one else could have given such an interesting paper, or led a discussion so well as Miss Johns.

Those present who already had met and heard Miss Johns were delighted to again have the same privileges, while those who heard Miss Johns for the first time were loud in their praises to know Canada had such women in her nursing profession.

We hope Miss Johns' visit will bring the nurses of Manitabo and Saskatchewan into closer relationship, and also awaken the nurses of Saskatchewan to the real need of their interest in national nursing affairs.

An excellent paper on "Poliomyelitis" was given by Dr. Gibson, F.R.C.S., of the Winnipeg Orthopedic Clinic. Miss Flaws, of the Municipal Hospital, Eston, Sask., read a very interesting and instructive paper on the "Rural Municipal Hospital," while Miss Morton, of Watrous, in a paper on the "School Nurse in Saskatchewan," left her hearers with a clearer idea of the efforts, aims and duties of the school nurse.

A resolution in regard to the V. A. D. who had served overseas being allowed two months on each year of training for each year of service was discussed, and, in the opinion of the Association, it was decided some such concession should be made.

Also a lengthy discussion was held on a schedule of fees, uniform for the province. This followed a report made by the Secretary on the questionnaire that had been sent out during the year.

A committee was appointed to make any changes deemed necessary in the schedule. The members were unanimous on most points, but the

Secretary was instructed to again circularize the members on disputed points.

According to the constitution this resolution and decision must be sent on for the approval of the Senate of the University of Saskatchewan.

The Canadian Nurse Magazine was discussed, principally as to means whereby an increased number of subscribers could be obtained in the province. It was eventually decided that all graduating pupil nurses, as they registered, would be made subscribers to the magazine for one year.

An invitation was received and accepted to hold the next annual meeting in Regina in 1920.

Misses Jean Browne, Ruth Hicks and Jean Wilson were appointed as delegates to the Canadian National Convention to be held in Vancouver in July.

The election of officers to the Council was as follows: President, Matron Jean Urquhart, Saskatchewan Military Hospital, Moose Jaw; Vice-President, Miss Granger Campbell, Superintendent City Hospital, Saskatoon. Councillors—Miss Jean Browne, Regina; Mrs. Feeney, Moosomin; Miss Jean Wilson, Moose Jaw. At a meeting of the new Council Miss Jean Wilson was again appointed Secretary-Treasurer and Registrar.

A meeting of the Council 1918-1919 was held on Thursday morning, where routine business was discussed.

The Secretary's report showed there were now 400 members belonging to the S. R. N. A.

The financial statement from the Treasurer showed an investment of $1,500.00 in the last Victory Loan, and a bank balance of $1,337.50.

A drive, followed by supper at the Nurses' Residence of the General Hospital, where the visiting members were entertained as guests of the local Registered Nurses' Association, was held on Thursday evening, while on Friday the members of the Association were entertained at luncheon at the Royal George Hotel, guests of the Mayor and city of Moose Jaw, Mayor Hamilton and Rev. Dr. Crummy being present.

When time for departure arrived many expressions were made which showed the nurses who were present had thoroughly enjoyed the "getting together," and the writer felt it was a pity that those who in the earlier years had worked so earnestly could not be present to feel some satisfaction for the results to their very often seemingly discouraging efforts. They, I am sure, would have felt fully rewarded, and we hope that next year they may be able to be present, when we will hope for even a larger attendance and more interested enthusiasm from the members of the Saskatchewan Registered Nurses' Association.

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BRITISH COLUMBIA.

The graduation of the Class of 1919 of St. Joseph's Hospital, Victoria, took place at St. Ann's Academy Auditorium, Victoria, April 24th, 1919.

The following students graduated: Misses Norah Mesher, Maude Roberts, Caroline M. Smith, Elizabeth Middleton, Helen Wallace, Mabelle G. Edgar, Alice Decker, Mary Medd, Winifred Wilcox, Nellie Gannon, Norah K. Knox, Gladys Croft, Janet McEwan and Marguerita Marwood. Miss Enda Dorrell was presented by Miss Grimmer, President of the Graduate Nurses' Association, with the prize given by the Association to the nurse showing the most efficiency in the first year's work. Dr. Henry Esson Young addressed the nurses, and a brief talk was given to the graduates by Bishop MacDonald.

Miss Adeline Knowlton, R. N. Graduate of the Brandon General Hospital, Brandon, Man., has accepted the position of Superintendent of the Hospital at Phoenix, B. C.

It is among the plans of the Victoria Graduate Nurses' Association to plan a Nurses' Club and Registry. It was decided at a recent meeting to form the following committee to take the matter in hand: Misses Jessie McKenzie, Boultbee, Thom, Archibald, Grimmer, McNaor and Mrs. Schofield. As a registry is an essential factor to both nurses and public, it has been proposed to establish a "Christina Campbell Registry," in memory of the late nursing sister who was drowned on the "Llandovery Castle." The scheme met with unanimous approval, and it was decided that the registry should be run in connection with the club.

The seventh annual meeting of the Graduate Nurses' Association of B. C. was held Easter Monday at the Royal Columbian Hospital, New Westminster, with the President, Miss Randal, in the chair. The invocatory prayer was given by the Rev. Mr. Henderson, after which the address of welcome was read by Miss Gertrude Sinclair, President of the New Westminster G. N. A., and replied to by Miss Haskins, President of the Vancouver G. N. A. In addition to the routine business the matter of the establishing of a club for returned army sisters was arranged for, a splendid house having been obtained in Vancouver. Reports of committees on standardization of training schools, the constitution and by-laws, plans and work of a committee on legislation, arrangements for the coming conventions of the C. A. N. E. and the C. N. A. of T. N, the end of June, were among the important business transacted. The gratifying fact that over 400 nurses had applied for their provincial registration was brought out. After adjournment of the afternoon session, a delightful supper was provided for the visiting guests by the New Westminster Association.

An address on "Nursing, Past, Present and Future," was given by Dr. Green, recently returned from overseas, where he went with No. 5 Canadian General Hospital. He drew attention to the fact that State medicine with its corresponding arrangements for nursing, in some form,

was upon us, and that it was necessary that the nurses were prepared with some solution of the problem when it was presented to them.

The election of officers then took place, when all were elected by acclamation. Miss Jessie MacKenzie, incoming President, then took the chair, and with a few remarks pronounced the annual meeting adjourned. Flowers were presented to Miss Randal, retiring President, and refreshments were served by the New Westminster Association.

Births

Sinclair—At the Vancouver General Hospital, April 25th, 1919, to the wife of Dr. George W. Sinclair, a daughter. Mrs. Sinclair was Miss Evâ Stretton, graduate of Royal Victoria Hospital

LeGrand—At the Montreal Maternity Hospital, April 11th, 1919, to Mr. and Mrs. G. P. LeGrand (nee Lawrence, M. G. H., 1915), a daughter.

Metcalfe—In Montreal, to Dr. and Mrs. Metcalfe (nee Tait, M. G. H., 1916), a son.

MacDonald—At the Shawinigan Falls General Hospital, on April 14th, 1919, to Dr. and Mrs. D. L. MacDonald (Wynne Whelply, Royal Victoria Hospital, 1914), a son.

Marriages

McIntosh-Rose—On March 25th, 1919, at All Saints' Church, Enismore Gardens, London, England, Margaret Mary (Peggy) Rose to Major W. George McIntosh, youngest son of the late Dr. James McIntosh, of Vancouver. Mrs. McIntosh is a graduate of the Vancouver General Hospital and went overseas in 1914.

Kennedy-Doyle—Recently at St. Ethelreda's Church, Ely Place, London, by the Rev. Kennedy, pastor of the church, Nursing Sister Alice C. Doyle, daughter of Mr. and Mrs. Cornelius Doyle, Hamilton, Ont., to Captain Angus Kennedy. Mrs. Kennedy is a graduate of Hamilton City Hospital, Class 1912. Mr. and Mrs. Kennedy will reside for the present at Princess Terrace, Ripon, England.

Haines-Pattison—At Christ's Church Cathedral, Hamilton, on April 10th, 1919, by the Very Rev. Dean Owen, D.D., Henrietta E. Pattison, eldest daughter of Mr. and Mrs. F. G. H. Pattison, Winona, Ont., to Edward A. Haines, of Parry Sound, Ont. Mrs. Haines is a graduate of Hamilton City Hospital, Class 1918.

Clark-Kent—At Collingwood, Ont., on April 16th, 1919, Miss Shirley Kent (R. V. H., 1916), to Mr. H. Clark, of Montreal. The bridge was attended by Nursing Sister Ida MacGregor. Mr. and Mrs. Clark will reside in Montreal.

Wynne-Kennedy—In Toronto, January 22nd, 1919, Lillian Kennedy, graduate Toronto Free Hospital, Class 1917, to Robert Wynne, of Philadelphia, Pa.

Deaths

Smith—In Tzeliutsing, Szechuan, China, on January 4th, 1919, of pneumonia following influenza, Miss Mary Totten Smith, graduate of Toronto General Hospital.

Perhaps some nurse in a country district, where new hot-water bottles cannot be procured at a moment's notice, will be glad of this "wrinkle" on how to mend a rubber bag: Melt a piece of an old rubber ring, which has done its duty on a self-sealer preserving jar, by holding it in the fire with an old pair of scissors or pincers, and immediately rub it on the bag over the hole. It takes many applications and some patience, but the result is good. I have mended several bags in this way, and they have been very satisfactory.

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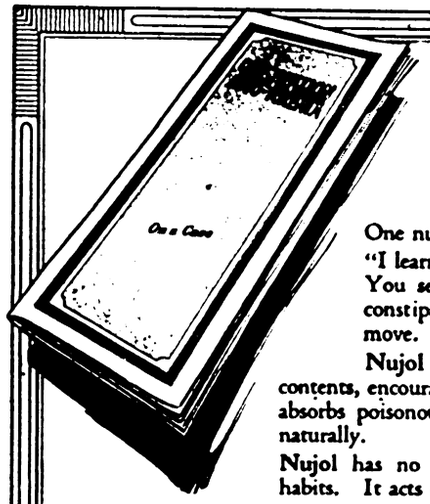

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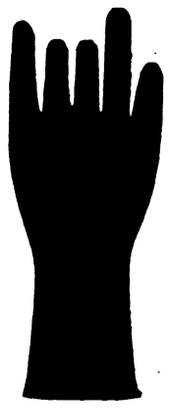

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